

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

In re: GREGORY A. POURCHOT	§	Case No. 08-70913
	§	
	§	
Debtors	§	

---

**CHAPTER 13 STANDING TRUSTEE'S AMENDED FINAL REPORT AND ACCOUNT**

Lydia S. Meyer, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 03/28/2008.
- 2) The plan was confirmed on 09/19/2008.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 05/31/2013.
- 6) Number of months from filing or conversion to last payment: 62.
- 7) Number of months case was pending: 70.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$4,331.08.
- 10) Amount of unsecured claims discharged without full payment: \$100,895.07.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$ 39,120.00	
Less amount refunded to debtor	\$ 0.00	
<b>NET RECEIPTS</b>		<b>\$ 39,120.00</b>

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$ 3,000.00	
Court Costs	\$ 0.00	
Trustee Expenses & Compensation	\$ 2,414.50	
Other	\$ 0.00	
<b>TOTAL EXPENSES OF ADMINISTRATION</b>		<b>\$ 5,414.50</b>
Attorney fees paid and disclosed by debtor:	\$ 774.00	

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Interest Paid
BRIAN A. HART LAW OFFICES	Lgl	3,500.00	3,774.00	3,774.00	3,000.00	0.00
JP MORGAN CHASE BANK	Sec	6,600.00	6,418.76	6,418.76	6,418.76	720.85
ILLINOIS DEPARTMENT OF	Pri	7,200.00	8,365.42	8,365.42	8,365.42	0.00
ILLINOIS DEPARTMENT OF	Uns	0.00	1,709.84	1,709.84	1,180.74	0.00
INTERNAL REVENUE SERVICE	Pri	6,550.00	2,507.49	2,507.49	2,507.49	0.00
INTERNAL REVENUE SERVICE	Uns	0.00	0.00	0.00	0.00	0.00
ASPIRE	Uns	300.00	NA	NA	0.00	0.00
BRENTWOOD HOMEOWNERS	Uns	0.00	NA	NA	0.00	0.00
CAPITAL ONE BANK (USA) NA	Uns	400.00	784.06	784.06	541.44	0.00
CBCS - UTILITY	Uns	618.00	NA	NA	0.00	0.00
CENTEGRA HEALTH SYSTEM	Uns	5,616.83	2,529.61	2,529.61	1,746.83	0.00
TD AUTO FINANCE, LLC.	Uns	0.00	11,393.90	11,393.90	7,868.09	0.00
CINGULAR WIRELESS	Uns	1,500.00	NA	NA	0.00	0.00
ELECTROLUX FINANCIAL	Uns	10,000.00	NA	NA	0.00	0.00
GREATER ELGIN EMERGENCY SPEC	Uns	128.00	NA	NA	0.00	0.00
HARRIS BANK NA	Uns	0.00	2,924.46	2,924.46	2,019.49	0.00
HEALTH VISIONS, INC.	Uns	497.88	NA	NA	0.00	0.00
HOME STATE BANK	Uns	0.00	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	<u>Scheduled</u>	<u>Asserted</u>	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
CHASE BANK USA NA	Uns	621.58	619.57	619.57	427.85	0.00
LUTHERAN GENERAL HOSPITAL	Uns	1,150.00	NA	NA	0.00	0.00
MCHENRY RADIOLOGY & IMAGING	Uns	195.60	NA	NA	0.00	0.00
MHS PHYSICIANS	Uns	91.67	NA	NA	0.00	0.00
MICHELLE M. POURCHOT	Uns	0.00	NA	NA	0.00	0.00
MORAINÉ EMERGENCY	Uns	46.76	NA	NA	0.00	0.00
NATIONAL SUBROGATION	Uns	1,500.00	NA	NA	0.00	0.00
NICL LABORATORIES	Uns	72.00	NA	NA	0.00	0.00
NORTHWEST SUBURBAN IMAGING	Uns	33.00	NA	NA	0.00	0.00
OPEN ADVANCED MRI	Uns	90.00	NA	NA	0.00	0.00
PAIN CARE CONSULTANTS	Uns	156.00	NA	NA	0.00	0.00
PAIN MANAGEMENT & REHAB CTR	Uns	187.20	NA	NA	0.00	0.00
ROBERT YOUNG	Uns	70,000.00	NA	NA	0.00	0.00
ROUND LAKE BEACH MEDICAL	Uns	249.00	NA	NA	0.00	0.00
STERLING ROCK FALLS CLINIC	Uns	140.98	140.98	140.98	97.35	0.00
TARGET NATIONAL BANK	Uns	939.06	NA	NA	0.00	0.00
TOWN SQUARE ANESTHESIA	Uns	25.00	NA	NA	0.00	0.00
WOODSTOCK IMAGING ASSOC	Uns	42.00	NA	NA	0.00	0.00
MIDLAND CREDIT MANAGEMENT	Uns	0.00	643.01	643.01	444.04	0.00
SHORT TERM LOANS LLC	Uns	0.00	693.00	693.00	478.55	0.00
EAST BAY FUNDING	Uns	0.00	1,286.80	1,286.80	888.60	0.00
ADVANTAGE AMBULANCE, INC.	Uns	162.00	NA	NA	0.00	0.00
ANIL K. KHEMANI, MD	Uns	64.44	NA	NA	0.00	0.00
ARLINGTON RIDGE PATHOLOGY	Uns	53.21	NA	NA	0.00	0.00
BEST PRACTICES IMPATIENT CARE	Uns	67.90	NA	NA	0.00	0.00
CENTEGRA PRIMARY CARE	Uns	97.00	NA	NA	0.00	0.00
CENTER FOR NEUROLOGY	Uns	138.21	NA	NA	0.00	0.00
CHECK -N-GO INSTALLMENT	Uns	927.25	NA	NA	0.00	0.00
COMPREHENSIVE PAIN CARE	Uns	25.66	NA	NA	0.00	0.00
ELGIN CARE CENTER	Uns	280.00	NA	NA	0.00	0.00
FAMILY MEDICINE FOR MCH CO.	Uns	0.00	NA	NA	0.00	0.00
FOX VALLEY INTERNAL MEDICINE	Uns	70.00	NA	NA	0.00	0.00
GUEVARA FAMILY PHYS.	Uns	109.00	NA	NA	0.00	0.00
LEO A. REYES, MD.	Uns	308.00	NA	NA	0.00	0.00
LOYOLA UNIVERSITY PHYSICIANS	Uns	774.39	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	<u>Scheduled</u>	<u>Asserted</u>	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
NORTHERN IL MEDICAL CENTER	Uns	912.41	NA	NA	0.00	0.00
NORTHEWEST COMMUNITY	Uns	0.00	NA	NA	0.00	0.00
NORTHWEST COMMUNITY	Uns	330.00	NA	NA	0.00	0.00
NORTHWEST NEUROLOGY, LTD.	Uns	41.24	NA	NA	0.00	0.00
NORTHWEST RADIOLOGY ASSOC.	Uns	17.84	NA	NA	0.00	0.00
QUDARI FAMILY PRACTICE	Uns	175.00	NA	NA	0.00	0.00
ROCKFORD HEALTH PHYSICIANS	Uns	117.30	NA	NA	0.00	0.00
SHERMAN	Uns	0.00	NA	NA	0.00	0.00
SHERMAN HOSPITAL	Uns	22.80	NA	NA	0.00	0.00
SHORT TERM LOANS	Uns	693.00	NA	NA	0.00	0.00
ROBERT J LACAVA, MD	Uns	150.00	NA	NA	0.00	0.00
BRIARWOOD MED. CENTER	Uns	505.00	NA	NA	0.00	0.00

**Summary of Disbursements to Creditors:**

	Claim Allowed	Principal Paid	Interest Paid
<b>Secured Payments:</b>			
Mortgage Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
Mortgage Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Debt Secured by Vehicle	\$ 6,418.76	\$ 6,418.76	\$ 720.85
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00
<b>TOTAL SECURED:</b>	\$ 6,418.76	\$ 6,418.76	\$ 720.85
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Domestic Support Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
All Other Priority	\$ 10,872.91	\$ 10,872.91	\$ 0.00
<b>TOTAL PRIORITY:</b>	\$ 10,872.91	\$ 10,872.91	\$ 0.00
<b>GENERAL UNSECURED PAYMENTS:</b>	\$ 22,725.23	\$ 15,692.98	\$ 0.00

**Disbursements:**

Expenses of Administration	\$ 5,414.50	
Disbursements to Creditors	\$ 33,705.50	
<b>TOTAL DISBURSEMENTS:</b>		\$ 39,120.00

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: 02/12/2014

By: /s/ Lydia S. Meyer  
Trustee

**STATEMENT:** This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.